U.S. De artment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only								
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1. File Number **U** - **8817**

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

						1 / 1 /	2004 Through	n: 12 / 31	/ 2004	
3. Name and address of person filing.				4. Name, file number, and address of labor organization.						
Name	Kenneth	L Cla	ark	o de la proposición de la companiencia del la companienc	Name	Northern WI	Regional Co	uncil of Ca	arpenters	
					Labor	Organization File N	Number 035-75	51	annaganananah kemang kemangkahar atap dapada ang aparama kemanananananan kemananan kemanan kemanan kemanan kem	
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Street	Street N2216 Bodde Road			Street N2216 Bodde Road						
City	City Kaukauna			City Kaukauna						
State	Wisconsin		71D Code 1.4	54130-9740				i richtisterenteren erroren erroren gemagne (namen per		
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o. Posit	ion in labor organization.	Executi	ve Directo	errorente rom enternation (orthodological enternations propositions and security an			en e			
		······								
Ent	er appropriate data below If,	during the	past fiscal yea	r, you or your spo	use or min	or child directly or i	indirectly had any o	of the following in	ıterests	
A. Held	an interest in engaged i	n transaci					-			
moneta	l an interest in, engaged i ary value from an employ	yer whose	e employees	y loans) with, or your organizati	on repres	come or other ece ents or is activel	onomic benefit of y seeking to repre	esent.		
6. Name	e and address of Employer (i	including tr	ade name, if ar	ıy).	7.a. Natu	re of Interest, Tran	saction, or Income.			
Name					Allert (Prior), Names					
Trade	Name, if any:		90-4 m de 1000		The first of the second				9000000	
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P.O. B	ox, Bldg., Room No., if any									
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Street										
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State			ZIP Code + 4							
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	gnature and verification. T tted in this report (including t signed's knowledge and beli							that all of the info ory and is, to the	ormation best of the	
			and the same	,						
Signe	d Lenneth	70	<u>Clark</u>		On 6	81205	920-996-23	06		
						Date	Te	elephone Numbe	r	

Name of Person Filing Kenneth Clark		File Number U-				
		File Number 0-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Robert W. Baird & Co. Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 777 E Wisconsin Avenue City Milwaukee State Wisconsin ZIP Code + 4 53202	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name WI Carpenters Fringe Benefits Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any	Investment Committee Meeting, Golf, and Dinner 8-15-2004					
Street 1704 Devney Drive	11.b. Approximate dollar value	of such dealing				
City Eau Claire	11.b. Approximate dollar value of such dealing. \$168 12.a. Nature of interest held or income received.					
State Wisconsin ZIP Code + 4 54702						
	12.b. Amount.					
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name	Territa monte de la constanta della constanta de la constanta de la constanta de la constanta					
Trade Name, if any:	occoming to the miles.	With the second				
P.O. Box, Bldg., Room No., if any	10 3-3 communities - 1 - 2					
Street	11000					
City	** A planton option in a poly-	The complete state of				
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

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